

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005933

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

116

Primary Registration District No.

3020

Registrar's No.

43

FILED FEB 25 1963

1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Washington

Length of stay in 1b

2 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Francis

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Franklin

c. CITY
OR TOWN

Labadie

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R.R.I.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Herman

Middle

Henry

Last

Heidemann

4. DATE OF DEATH

Month

Feb

Day

20

Year

1963

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov 11 1892

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farming

10b. KIND OF BUSINESS OR INDUSTRY

Belleville Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

John Heidemann

13b. MOTHER'S MAIDEN NAME

not known

14. NAME OF HUSBAND OR WIFE

Ann Heidemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Robert Heidemann

Address

Pacific, Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

v.a. hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

12 h

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Dysenteric ulcer

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

none

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5 Feb 63 to 20 Feb 63 and last saw her alive on 20 Feb 63
Death occurred at 10:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. Borzo, MD

22b. ADDRESS

Washington, Mo

22c. DATE SIGNED

22 Feb 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Feb. 23. 1963

23c. NAME OF CEMETERY OR CREMATORY

Bethel

23d. LOCATION (City, town, or county)

Labadie

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Mr. John L. Shields Pacific, Mo.

25. DATE RECD. BY LOCAL REG.

2/22/63

26. REGISTRAR'S SIGNATURE

Leola L. Heidemann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

b365

20360

3

4 0

5 1

6

7 1

8 0

9541.0

10

11

122-0

135-0

MAR 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph Altman

Licensed Embalmer No.

4808

P. O. Address

Union Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.